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PTO/SB/21 (08-00)

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/453,387
Filing Date	December 2, 1999
First Named Inventor	Wilkins, Thea A.
Group Art Unit	1638
Examiner Name	Kruse, D.

Total Number of Pages in This Submission

2

Attorney Docket Number 023070-095600US

## ENCLOSURES (check all that apply)

☒ Fee Transmittal Form

☐ Fee Attached

☒ Amendment / Response

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts/ Incomplete Application

☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

☐ Assignment Papers (for an Application)

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition Routing Slip (PTO/SB/69) and Accompanying Petition

☐ Petition to Convert to a Provisional Application

☐ Power of Attorney, Revocation Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s)

☐ After Allowance Communication to Group

☐ Appeal Communication to Board of Appeals and Interferences

☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s) (please identify below):

Response to Restriction Requirement; Authorization to Charge Deposit Account No.: 20-1430 in the amount of \$200 for Two month extension of time; Return Postcard

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm and Individual name

Townsend and Townsend and Crew LLP  
Kevin L. Bastian

Reg No. 34,774

Signature

Date

October 24, 2001

## CERTIFICATE OF MAILING

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October 24, 2001

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Date

October 24, 2001

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SF 1285043 v1

**FEE TRANSMITTAL  
for FY 2001**

Patent fees are subject to annual revision.

JAN 09 2002

## Complete if Known

Application Number	09/453,387
Filing Date	December 2, 1999
First Named Inventor	WILKINS, Thea A.
Examiner Name	KRUSE, D.
Group Art Unit	1638
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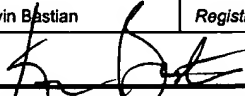
TOTAL AMOUNT OF PAYMENT

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METHOD OF PAYMENT		FEE CALCULATION (continued)	
<b>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</b>		<b>3. ADDITIONAL FEES</b>	
Deposit Account Number	20-143C	Large Fee Code	Entity Fee (\$)
Deposit Account Name	Townsend and Townsend and Crew LLP	Small Fee Code	Entity Fee (\$)
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		Fee Description	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Fee Paid	
<b>2. <input type="checkbox"/> Payment Enclosed:</b>			
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<b>FEE CALCULATION</b>			
<b>1. BASIC FILING FEE</b>			
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)
101	740	201	370
106	330	206	165
107	510	207	255
108	740	208	370
114	160	214	80
SUBTOTAL (1)		(\$)	
<b>2. EXTRA CLAIM FEES</b>			
Total Claims	-20**	Extra Claims	Fee from below
Independent Claims	-3**		
Multiple Dependent			
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)
103	18	203	9
102	84	202	42
104	280	204	140
109	84	209	42
110	16	210	9
SUBTOTAL (2)		(\$)	
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## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type)	Kevin Bastian	Registration No. (Attorney/Agent)	34,774	Telephone	415-576-0200
Signature		Date	October 24, 2001		

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